



US Army Pregnancy/Postpartum Physical Training Program

SGM Information Brief

[DATE]



[Local PPPT POC name and contact
information]



Purpose



- Overview of program
- Local implementation process
- SGM's role

*It's part of the job of every Soldier,
including a Soldier who has recently delivered a baby,
to be fit, and if necessary, ready to deploy at a moment's
notice...*



Facts



- Army has a responsibility to provide safe, adequate training and guidance to meet required fitness and weight standards
- Exercise by a healthy Soldier during pregnancy and postpartum is beneficial to both Soldier and baby
- Goals are to maintain fitness during pregnancy and to return fit Soldiers back to unit PT after delivery
- The health and safety of the Soldier and baby can be maximized by a standardized program.



Challenge



Maintain Fitness and Retention

- 1.3% AD Force delivers a baby annually
- No PT guidance or standardization Army-wide
 - Reduction in fitness levels
 - Increase in injuries/ illnesses
- Current Army policies inadequate and fragmented
- Army Family Action Plan issue #532



Solution



WHAT?

- Establishment of Army-wide PPPT program IAW MEDCOM recommended standards and policies

HOW?

- G3/5/7 mandate approved PPPT Program as a component of US Army Physical Fitness Program with coordination from MEDCOM and ACSIM.

WHY?

- Consistent with AR 350-1, Education and Training and AR 40-501, Standards of Medical Fitness
- Meets AFAP recommendations
- Shown to be effective and safe
- Provides benefits of readiness/medical cost



Maximize Return to Fitness



BENEFITS of CONSISTENT PARTICIPATION

Improve maternal fitness performance

Increase postpartum fitness levels

Reduce body fat and weight gain

Increase morale by providing safe PT

Lessen physical discomforts during pregnancy, labor, and delivery

Reduce cesarean rate

Increase self-esteem and reduced stress

Improve health benefits and well-being

Recommend implementation of pregnancy/postpartum fitness programs at all installations with emphasis on consistency, strength and aerobic conditioning



Program Evaluation



- Readiness Impact

- Pre-pregnant vs. Post-delivery APFT measures indicate FITNESS LEVELS MAINTAINED
- No statistically significant difference in pre-pregnant and post-delivery APFT total scores

- Retention Impact

- 14% PPPT participants influenced by program NOT to Chapter 8



- Economic Benefit (using existing personnel for local programs)

- Cost per enlisted pregnancy per recurring year \$47
- ROI: benefit to cost ratio 73.5
- Estimated readiness and medical cost avoidance per year \$20K



Local PPPT Implementation



Commander's Consolidated Program

PREGNANCY

Y 9 + Months

POSTPARTUM

M 6 Months

Diagnosis **Delivery** **Convalescence** **Profile Recovery** **Postpartum PT** **APFT**

40 Wks

6 Wks

4 Wks

Up to 14 Wks

**Physical
Training in
Unit
Pregnancy
PT Program**

**Physical
Training in
At-Home
Postpartum
PT Program**

**Physical Training in Unit
Postpartum PT Program**

**Regular unit PT activities begin at
conclusion of
6-month recovery period as outlined in AR**



Program Criteria



- Commander's program
- PT during unit PT time
- Mandatory enrollment / attendance
- Leaders trained in pregnancy/postpartum fitness
- Coordination between Command, MTF and units
- At-Home Postpartum PT exercises
- Postpartum PT participation following con leave





Proposed PPPT Leadership



US Army Physical Fitness Training Program Specified Proponent

Commander's Consolidated Installation Program

Local PPPT Personnel

Command Asset
Instructor Trainer

MTF Asset
Medical Expert

NCOs from the units
Exercise Leaders

Active Duty pregnant/postpartum Soldiers
accountable to unit for attendance

All leaders trained in pregnancy/postpartum fitness



Local Personnel Roles



- **Medical Expert (ME)**

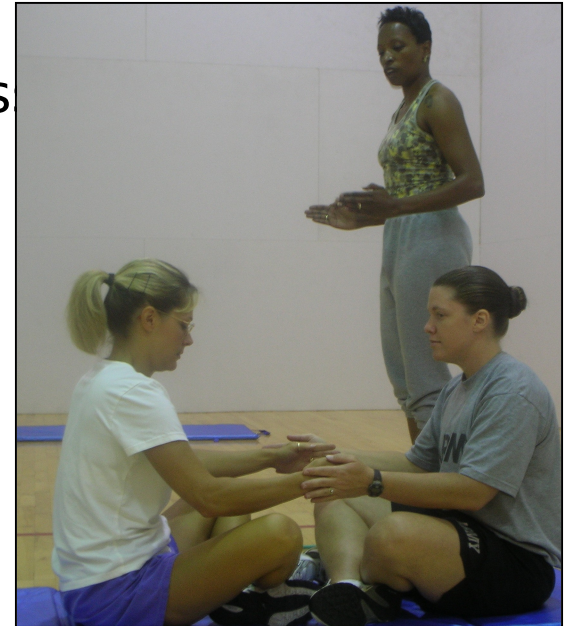
- Medical oversight and quality control
- Consultative services for IT and EL
- Coordinator of Health Education Class
- Assist in EL training

- **Instructor Trainer (IT)**

- Liaison with units
- Operate PPPT program
- Train Exercise Leaders
- Collect program outcomes data

- **Exercise Leaders (EL)**

- Lead program exercise sessions
- Assist with Soldier accountability
- Recommend using NCOs with fitness backgrounds





PPPT Exercises



- Centering
- Strengthening
- Flexibility
- Special exercises
- Cardiovascular
- Stress Management
- Core strength/ calisthenics





Education



- Core Curriculum
 - OTSG consultant approved presentations
 - Available on PPPT website
 - Wide variety of topics
- Taught weekly by SMEs
- Provide awareness, knowledge, skills training





PPPT Program Resources

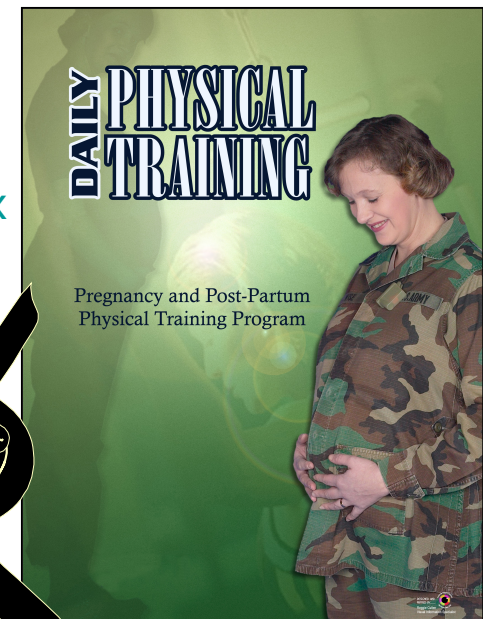
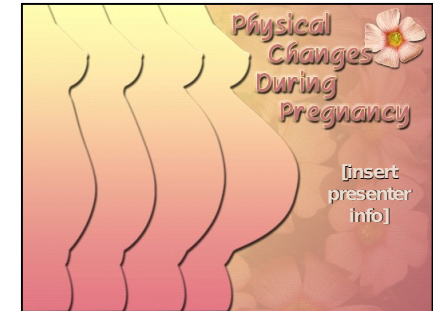
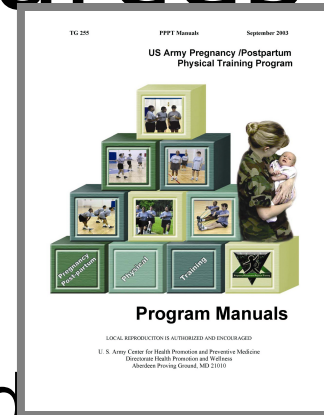


- Manuals
- Video Tapes
- Implementation Guide
- Educational Presentations
- USACHPPM Website

<http://usachppm.apgea.army.mil/dhpw/Readiness/PPPT.aspx>

- Resources
- Marketing tools
- Data reports
- Sample briefings

- Leader Training Course





Frequently Asked Questions



- Is the PPPT program treated differently than other Army special population PT programs?
 - No, per TSG
- Are Soldiers required to wear the PT uniform?
 - Yes, until it no longer fits and then they can either wear a larger size or wear appropriate civilian fitness clothes
- Are family members allowed to attend PPPT?
 - No, this is an Army unit PT program with military goals
- Can the program be mandatory?
 - Attendance may be the Soldier's place of duty after HCP clearance to participate has been given



SGM Role in PPPT



- If a Program exists be supportive.
 - Appoint NCOs as Exercise Leaders.
 - Provide funding for training and supplies.
 - Ensure Soldier accountability for enrollment.
 - Encourage maximum participation by Soldiers.
 - Liaison with PPPT IT and ME.
 - Report record APFT scores to IT.
 - Share positive stories about the PPPT Program.
 - Teach an education class in your area of expertise.
- If no Program exists then initiate implementation.



Frequent Local Challenges



- Follow standardized content consistently
- Partner with other organizational personnel
- Plan for Soldiers returning to unit
- Encourage active participation
- Maintain funding for sustainment
- Receive leader training by SME
- Collect follow-up data





Feedback

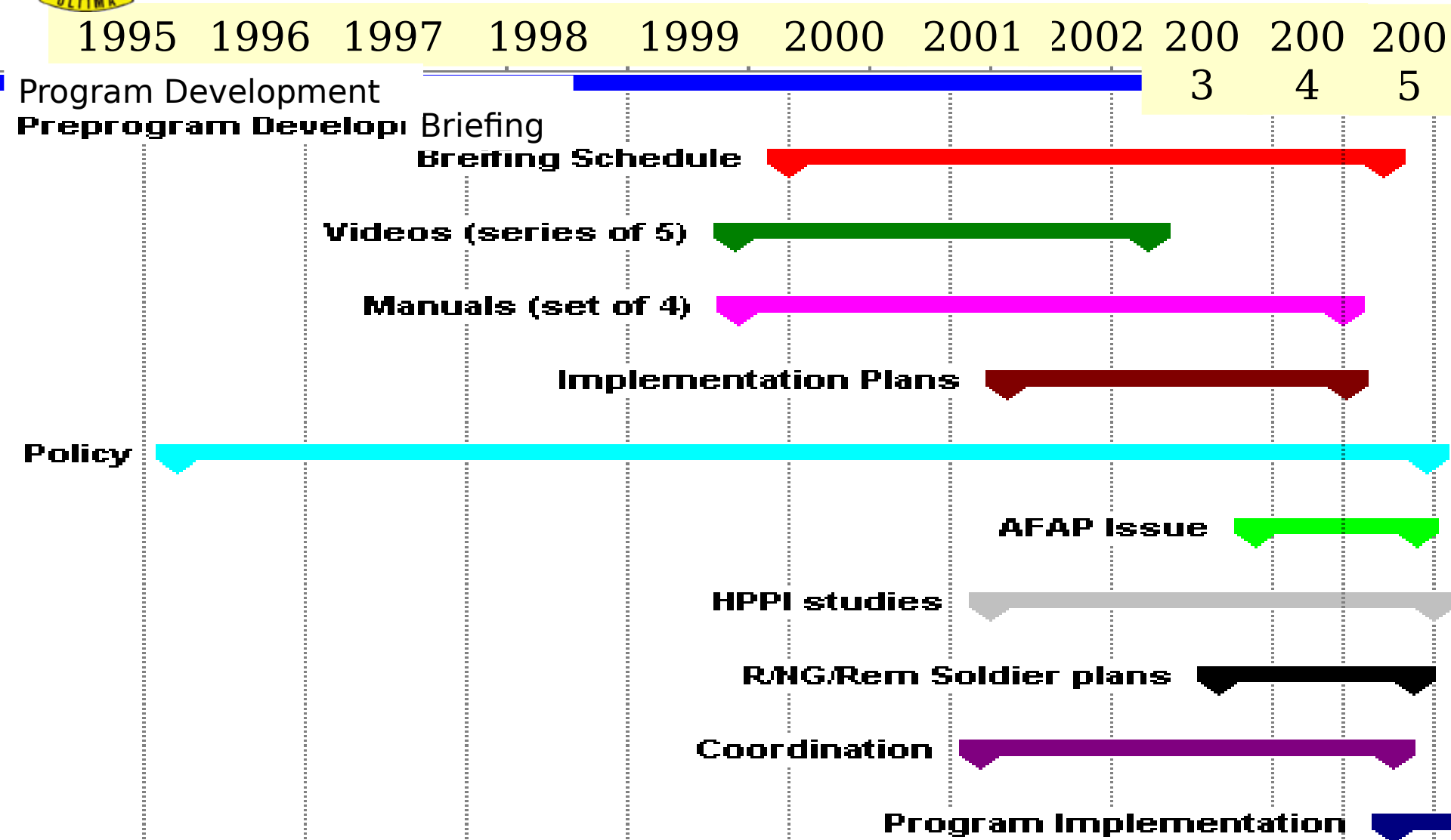


- Your questions for us
- Your comments are welcome

BACK-UP SLIDES



Program Timeline





Coordination



- The Army Surgeon General
- OTSG medical and nursing consultants
 - OB/GYN, Women's Health
- Commandant, US Army Physical Fitness School
- FORSCOM G-1 and FORSCOM Surgeon
- TRADOC Surgeon
- RC and ARNG Surgeons
- HQDA, G-1 Human Resources Policy Directorate
- IMA, Deputy Director
- USACHPPM CG, DTS and subject matter experts



Implementation Milestones

Establishment of Army PPPT IAW developed standards

- TSG endorse program (completed)
- ARs and policies updated (Submitted)
- G-1 endorse program (Staffing packet submitted)
- G-3/5/7 recognize proponentcy and authorize use of Program Army-wide (Coordination in progress)
- ACSIM support provided
- MOUs and support agreements written
- PPPT specified program proponent personnel appointed, hired, resourced, trained